BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09930067

								07730001					
		CLAIMS AS	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			6				R	ATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			6 - minus 20=		•		×	\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			4 - minus 3 =		· /		×	40=	_	OR	X80=	80	
MULTIPLE DEPENDENT CLAIM P			RESENT									0	
* If the difference in column 1 is less than ze					r "0" in c	olumn 2	<u> </u>	135=		OR	+270=		
CLAIMS AS AMENDED - PART II							· T(DTAL .		OR	TOTAL	790	
	CI.	(Column 1)	(Column 2) (Column 3)				SI	SMALL ENTITY			OTHER THAN SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X	40=		OR	X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	T CLAIM		+1	35=		OR	+270=		
							<u> </u>	TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								IT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=] x	\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	T CL AINA	<u> -</u>	×	40=		OR	X80=		
	T IIIO T T TIEGE		OLIN EL DEF	LINDEN	CLAIM	N.P.HovA.P.	+	135=		OR	+270=		
	DAT						ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	·	
	V CO	(Column 1)			mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	6	1,20	=	×	\$ 9=		OR	X\$18=	Ï	
	Independent	NTATION OF M	Minus	***	7 4 TCI 4111	=	X	40=		OR	×80=		
	TINOT PRESE	INTATION OF IVI	OLITE DE	CINDEN	CLAIM		۱ <u>۱</u> ,	35=			ág)		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL		OR	TOTAL	ωx.	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												